

728

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS.	Ter. Index No. <u>1191</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH.	Co. Register No. <u>270</u>
Town of <u>Winkelman</u>			Local Registrar's No. <u>40</u>
City of _____			
(No. _____)		St. _____ Ward _____	
FULL NAME OF CHILD <u>Nichols Byron McKinney</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } NO	
Sex of Child <u>Male</u>	Twin, Triplet or other _____	Number in order of birth _____	Legitimate? <u>Yes</u>
Date of Birth <u>July 22</u> 19 <u>14</u>			
FATHER		MOTHER	
Full Name <u>Joseph N. McKinney</u>	Full Maiden Name <u>Rose Story</u>		
Residence <u>Douglas, Arizona</u>	Residence <u>Douglas, Arizona</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)	Age at last Birthday <u>23</u> (Years)
Birthplace <u>U. S.</u>	Birthplace <u>U. S.</u>		
Occupation <u>Teamster</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>2</u>	Were Precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>July 22</u> 19 <u>14</u> , at <u>2:30 P. M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return. }		(Signature) <u>M. H. Marden M.D.</u>	
		(Attending physician, midwife, householder. *)	
Given or christian name added from a supplemental report _____ 191 <u>4</u>		Address <u>Winkelman, Ariz.</u>	
548-722-928		LOCAL REGISTRAR	
COUNTY REGISTRAR		COUNTY REGISTRAR	

Filed Aug 1 1914

Filed Oct 5 1914

LOCAL REGISTRAR

COUNTY REGISTRAR